

City of Center Line
7070 E. Ten Mile Road
Center Line, MI 48015
(586) 757-6800

APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Please Print

Name _____ Social Security # _____
Last First Middle - -

Address _____
Street City State Zip Code

Telephone # () Mobile/Other Phone # () E-Mail Address _____

Position(s) Applied for _____ Date of application ____/____/____

Referral Source (Please check the appropriate category and name the source.)

- | | |
|--|--|
| <input type="checkbox"/> Walk-in _____ | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Employee _____ | <input type="checkbox"/> Job Fair _____ |
| <input type="checkbox"/> Advertisement _____ | <input type="checkbox"/> Staffing Agency _____ |
| <input type="checkbox"/> Company's Website _____ | <input type="checkbox"/> Government
Employment Agency _____ |
| <input type="checkbox"/> Other Internet _____ | <input type="checkbox"/> Other _____ |

If necessary, best time to call you at home is ____:____ a.m./p.m.

May we contact you at work? ☐ Yes ☐ No If yes, work number and best time to call: () _____

If you are under 18 and it is required, can you furnish a work permit? ☐ Yes ☐ No If **no** please explain _____

Have you submitted an application here before? ☐ Yes ☐ No If yes, give date(s) and position(s) _____

Have you ever been employed here before? ☐ Yes ☐ No If yes, give dates From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? ☐ Yes ☐ No

Date available for work ____/____/____

What is your desired salary range or hourly rate of pay? \$ _____ per _____

Type of employment desired. ☐ Full Time ☐ Part Time ☐ Educational Co-Op ☐ Seasonal ☐ Temporary

Will you relocate if job requires it? ☐ Yes ☐ No

Will you travel if job requires it? ☐ Yes ☐ No

If they have been explained to you, are you able to meet the attendance requirements of the position? ☐ N/A ☐ Yes ☐ No

Will you work overtime if required? ☐ Yes ☐ No

If no, please explain _____

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a letter stage to the extent permitted by law.

☐ Yes ☐ No ☐ Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying:

DL# _____ State _____

Have you ever been bonded? ☐ Yes ☐ No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to or been convicted of a crime? ☐ Yes ☐ No

If yes please provide date(s) and details _____

EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information.

Employer		Phone # ()	Dates employed month/ year month/year ____/____ to ____/____	
Street Address		City	State	Compensation (starting)
				____ Hourly ____ Salary \$ _____ per
Starting job title/final job title		Commission/Bonus/Other Compensation \$ _____		
		Compensation (final)		
Immediate supervisor and title (for most recent position held)		May we contact for reference Yes ____ No ____ Later _____		____ Hourly ____ Salary \$ _____ per
Why did you leave?		Commission/Bonus/Other Compensation \$ _____		
Summarize the type of work performed and job responsibilities.				
What did you like most about your position?				
What were the things you liked least about the position?				

Employer		Phone # ()	Dates employed month/ year month/year ____/____ to ____/____	
Street Address		City	State	Compensation (starting)
				____ Hourly ____ Salary \$ _____ per
Starting job title/final job title		Commission/Bonus/Other Compensation \$ _____		
		Compensation (final)		
Immediate supervisor and title (for most recent position held)		May we contact for reference Yes ____ No ____ Later _____		____ Hourly ____ Salary \$ _____ per
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		Commission/Bonus/Other Compensation \$ ____		
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Summarize the type of work performed and job responsibilities.				
What did you like most about your position?				
What were the things you liked least about the position?				

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? ☐ Yes ☐ No

If yes, please explain _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. _____

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

☐ Word Processing _____ years: _____

☐ Spreadsheet _____ years: _____

☐ Presentation _____ years: _____

☐ E-mail _____ years: _____

☐ Internet _____ years: _____

☐ Other _____ years: _____

☐ Other _____ years: _____

☐ Other _____ years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (Include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		Diploma _____ GED _____ Degree _____ Certification _____ Other _____		
		Diploma _____ GED _____ Degree _____ Certification _____ Other _____		
		Diploma _____ GED _____ Degree _____ Certification _____ Other _____		
		Diploma _____ GED _____ Degree _____ Certification _____ Other _____		

References

List names and telephone number of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone #	Number of Years Known
			()	
			()	
			()	

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Office Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

In your current or prior job, have you ever written instructions or directions to be followed by employees or customers? ☐ Yes ☐ No

If yes, please explain: _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all referenced (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that his application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment is will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete and I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, of (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____

NOTICE TO APPLICANTS AND EMPLOYEES

Screening tests for illegal drug use may be required before hiring and during your employment here.

If employed, I understand that if I need an accommodation for a handicap under the Michigan Handicappers Civil Rights Act, I must notify the employer in writing of my need for an accommodation within 182 days after I know or should have known that I need that accommodation and my failure to provide that notice will prevent me from claiming that my employer failed to accommodate my handicap under the Act. This requirement does not waive any individual's rights under the Americans with Disabilities Act.

CITY OF CENTER LINE

Authority for Release of Information and Waiver of Liability

Name	Date of Birth
Social Security Number	Place of Birth
Drivers License Number	

I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by and to any duly authorized agent of the City of Center Line, whether the said records are public, private or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records from educational, financial, or credit institutes, including records of deposits, withdrawals and balances of checking and savings accounts and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; any and all records of military service, employment and pre-employment records, including but not limited to background investigations, criminal/civil records, efficiency ratings, complaints or grievances filed by or against me, disciplinary reports, letters of reprimand, censure or other disciplinary action; salary records; results of polygraph examinations; use of sick leave; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records.

I reiterate and emphasize the intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation which may provide pertinent data for the City of Center Line to consider in determining my suitability for employment. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Center Line and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of information cannot be revealed to me.

Release of Information and Waiver of Liability (cont)

PRINT NAME	SIGNATURE OF APPLICANT:
CURRENT STREET ADDRESS	
CITY	STATE ZIP

I hereby waive all actions, cause and cause of actions, damages, claims or demands of any kind or nature, and forever discharge the City of Center Line, and all members and employees, from any and all claims, demands, damages, and liabilities which may occur from, is cause by, or arises out of, or as a result of their investigation into my previous personal history, and their determination of my fitness to be employed by the City of Center Line.

A photocopy of this release form will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature.

This document must be signed in the presence of a Notary Public:

State of Michigan County of Macomb

Subscribed and sworn before me this_____day of _____

My Commission expires

Notary Public: _____